

Check list for the Submittal of your Governor's Safety and Health Award Application

- ✓ Complete - Governor's Safety and Health Award Application
- ✓ 300 Logs
- ✓ Form 300A
- ✓ Complete - Documentation of Total Hours Worked
- ✓ Documentation, application and logs must be signed

Mail the complete application package to:

Kentucky Department of Labor
Office of Occupational Safety and Health
Division of Education and Training
1047 US 127 South, Ste 4
Frankfort, KY 40601

Documentation of Total Hours Worked Since Last Lost Time Incident

Date of last Lost Time Incident _____

Enter the number of total-hours worked each month starting from your last Lost Time Incident

Calendar Year	200__	200__	200__	200__	200__
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Annual Total					

I _____ as top
(Print name) (Print title)

on-site official certify the above information to be true and correct to the best of my knowledge.

Signature

Date

APPLICATION FOR THE GOVERNOR'S SAFETY AND HEALTH AWARD

Name of Establishment: _____

Address: _____
Street City State Zip

Contact Person: _____ E-mail Address: _____

Phone: _____ Extension: _____ Cell Phone: _____

Number of Employees as of January 1: _____ Collective Bargaining Agent(s): _____

North American Industrial Classification System: _____ (6 digits)

Product or Service: _____

Hours worked without experiencing lost time: _____ Date of last Lost Time Incident: _____

Serious citations issued within last 24 months: _____

Annual signed 300 log(s) and 300A summary attached for: _____

Upon approval, the following information will be utilized to plan your award presentation:

Company name to be printed on certificate: _____
(Please Print)

Union(s) if applicable: _____
(Please Print)

Preferred location of the award presentation: (check one)

☐ At your establishment ☐ At the Governor's Safety and Health Conference

If at your establishment please indicate the preferred date(s):

_____ or _____ or _____

Preferred time of day to begin the ceremony: _____

Will there be a tour of the facility: ☐ Yes ☐ No Estimated ending time: _____

I _____ as top
(Print name) (Print title)

on-site official certify the above information to be true and correct to the best of my knowledge.

Signature

Date